

## **INDIVIDUAL EXPERIENCE ASSESSMENT Frequently Asked Questions (FAQ)**

3/23/2020

1. **Question:** Regarding specific HCBS modifications, we work with an individual with Prader Willi. He and his housemate want to continue to live together, and both agree to the HCBS modifications needed for the member diagnosed with Prader Willi. The housemate may access food at any time. We have heard that they may no longer be able to stay together as his modifications are not needed for the other individual. They are concerned that they will be separated with this new rule. Any guidance on this?

**Answer:** This is a perfect example of how HCBS modifications work. Theoretically, the member diagnosed with Prader Willi would have embedded in their person-centered plan a restriction on food justified by the diagnosis supported by a medical professional and including evidence that less restrictive interventions have been attempted and were unsuccessful. Assuming the modification is in place and the individual understands that their roommate has access to food at any time and accepts this, there should be no issue with the two of them living together.

2. **Question:** Client living in a PNMI is accessing the community through Section 29 funded community supports. Will they need an IEA completed?

**Answer:** The PNMI is not considered a home and community-based setting, and as such will not be under evaluation with respect to compliance with the state or federal HCBS settings criteria. Only the services the client receives at a separate setting through the Section 29 waiver will be required to be validated for compliance with the HCBS requirements.

3. **Question:** Relating to Transportation: How does transportation fit into this, such as a person living alone who does not drive but wants to attend the movies or go to the beach, but doesn't need staff support except for a driver?

**Answer:** When you are asking them about whether they are able to participate in activities in the community when they want to, you might want to also follow-up with the following types of questions to help better inform your own determination:

- Does the participant have reasonable access to transportation to services and events?
- Have available natural supports been exhausted?
- Is there a public bus or other transportation system?

4. **Question:** Will case managers do IEA's on people on their caseload or will it be random?

**Answer:** Case managers will complete IEA's for individuals on their caseload residing in waiver funded residential settings not receiving onsite validation.

5. **Question:** What covered service under section 13 would completing the IEA include? Monitoring and evaluation?

**Answer:** The completion of a face-to-face IEA with the individual is a covered service involving assessment and monitoring the health and safety of the individual and services consistent with the PCP. Plus, all settings where HCBS are being provided – including individual’s private homes – must be monitored for ongoing compliance with the state and federal settings criteria. So IEAs in the future would be used to help facilitate this ongoing monitoring.

6. **Question:** Does the IEA have to be conducted in the individual’s home, or can a Case Manager/Care Coordinator meet face-to-face with a client alone in the community and conduct the IEA?

**Answer:** It is permissible for a Case Manager/Care Coordinator to meet individuals outside his/her home if the individual requests it, as long as the CM/CC is able to gather answers to the IEA questions. In-home IEAs may provide opportunity to incidentally observe/verify answers to certain questions, but it is not a requirement. If fact, in instances where there is concern about provider conflict-of-interest influencing responses, it may be preferable to meet in another location.

7. **Question:** How are assessments completed with clients who are nontraditional communication users in a way that is conflict free?

**Answer:** You can use evidence-based communication strategies such as, Visual-Gestural, sign language, tablets, symbols, etc. Reference assessments and knowledge of the clients. The Department’s consultant in Non-Traditional Communication is Paula E. Matlins, Director of Deaf and Non-Traditional Communication Services, Mobius Incorporated, 324 Harlow Street, Suite C, Bangor, Maine 04401; 207-350-9020 [PMatlins@mobiusinc.org](mailto:PMatlins@mobiusinc.org) She can assist with consultation/assessment.

If the person and guardian requests, and no one else (e.g. natural support) can provide this support to the person, a DSP can participate as the member’s communication ally. To minimize the conflict of interest, consider conducting the IEA in a setting other than the residential setting, where the person would have access to a natural support or direct support staff who is not the paid provider of the residential service (e.g. Community Support).

If the person cannot complete a question, check “Unsure” and provide an explanation. If a person is unable to engage in any of the assessment, write a short narrative explaining the communication deficits.

8. **Question:** What is the Case Manager supposed to do if the guardian is also a shared living provider when completing the IEA?

**Answer:** Because the IEA is intended to be an *independent* validation of the person’s experience receiving Shared Living services, the guardian providing the Shared Living service should not be

engaged or involved in the completion of an IEA unless: (a) the individual needs, or has requested, the guardian providing the Shared Living service to support their ability to communicate and (b) no one else who could provide this support is available to the person. To minimize conflict of interest and undue influence of the person by the Shared Living provider, if a person needs support to participate and doesn't have a natural/unpaid support available, consider conducting the IEA in a setting other than the Shared Living setting, where the person would have access to a direct support staff who is not the paid provider of the Shared Living service (e.g. Community Support).

If the legal guardian providing the Shared Living service insists on being present for the IEA, please inform the legal guardian, prior to conducting the IEA, that the state will not be permitted to consider the IEA alone to be an independent validation of compliance with the HCBS settings rule, and the legal guardian/provider will be expected to participate in an additional form of validation that the state will be required to implement.

If the relative and/or guardian providing the Shared Living service is present during the completion of the IEA, document this in the IEA.

9. **Question:** If an assessment has been completed and uploaded and we did not document that respondent is the Shared Living provider and guardian, can we update the assessment?

**Answer:** Yes, the assessment can be updated and the above can be documented. Reach out to: [helpdesk@maine.hcbscompliance.com](mailto:helpdesk@maine.hcbscompliance.com) if you need assistance.

10. If a guardian refuses the IEA what should a Case Manager/Care Coordinator do? Will waiver funding be in jeopardy if guardians do not consent?

**Answer:** Guardians who express concerns about the IEA should be educated on the importance of participant engagement in the IEA as part of HCBS service provision. You can direct them to ask further questions to [HCBS.DHHS@maine.gov](mailto:HCBS.DHHS@maine.gov).

Additionally, the CM/CC should let the guardian know that an additional validation strategy (i.e. OADS desk review/onsite validation) will have to be completed if the IEA cannot be conducted. All waiver settings must receive at least one validation strategy by October 21, 2020. Providers will have a year to address any areas of noncompliance.

11. **Question:** If a guardian (including an OADS public guardian representative) is the "communication ally," can he or she answer the questions?

**Answer:** As far as possible, the IEA should be conducted with the member, without involvement of others who may influence the member's responses. However, if a member needs or wants assistance from a natural support (e.g. a family member, friend, legal guardian who is not also the paid service provider) for communication, the member may have this assistance; but the member's responses must be used first. If it is clear the guardian is the sole source of an

answer, the CC/CM must document this information in the IEA for the applicable question. Note if the guardian is also the residential service provider. If the guardian is residential service provider: See question #8 above.

12. **Question:** If my client is completely non-verbal, do we complete the IEA with the guardian (including an OADS public guardian representative)?

**Answer:** First and foremost, it is critically important to conduct an IEA in the presence of the client and make every attempt to engage them in the IEA process. If guardians are responding to the questions in the IEA on behalf of the client, the CC/CM must document this information in the IEA that will be submitted into the portal. Note if the guardian is also the residential service provider. Let the guardian know that an additional validation strategy (i.e. desk review by OADS staff/onsite validation) may be warranted (particularly if the guardian is a shared living provider under the HCBS waiver program- see question #8 above).

13. **Question:** I work with a couple of clients who are deaf and nonverbal. Really no language at all. One Guardian lives out of State, so will not be able to assist in interview. Another guardian declines to participate. What do I do?

**Answer:** Guardians may be present for an IEA, but this is not a requirement. A guardian may participate in person or via telephone (assuming they are available at the time the IEA is being completed). If the guardian is not available or declines, please see question #7 above.

If there is absolutely no way to effectively communicate with the participant to get their responses, please alert OADS so that an alternative validation strategy (either a desk review by OADS staff or an onsite visit) can be scheduled.

14. **Question:** Can the IEA be completed over several visits or does the case manager only complete as much as can be tolerated by the member in one visit?

**Answer:** The goal is to get a completed IEA from all of the individuals residing in residential settings not receiving an onsite validation. The state wants to hear from as many individuals as possible their experience with HCBS services. If an individual gets tired or agitated, you can stop and document why it was ended in the Notes section. However, ideally, if the individual is willing to finish in a separate visit, the CC/CM has the discretion of scheduling multiple visits with a participant if they feel it would lead to a completed IEA, but that decision should be based on timing and resources constraints. The IEA includes a "Date Survey Started" and "Date Survey Completed" to reflect the multiple dates the assessment is completed for this explicit purpose.

15. **Question:** If an assessment is completed in multiple visits, should all visits be done within the month the setting is prioritized?

**Answer:** Yes, the assessment should be completed during the month the setting has been prioritized. This will permit for all individuals in the same setting to have been assessed during the same month. To the extent that an additional validation strategy needs to be employed (OADS desk review/ onsite validation) this work can begin on a rolling basis between now and October 21, 2020.

16. **Question:** What if the member is not local and wishes to use Skype, Zoom or FaceTime with the CM/CC? Does the interview still need to be face-to-face?

**Answer:** All individuals residing in residential settings not receiving onsite validation must have the IEA conducted face-to-face. However, during the COVID 19 emergency, Case managers/care coordinators can conduct IEA's telephonically or by other remote technology to protect health and safety. We recommend that agencies follow their own protocols and telehealth/HIPPA compliant meeting policies which should be implemented at this time.

17. **Question:** Are providers aware they are not participating in the case manager-conducted IEA?

**Answer:** Yes. During monthly HCBS Provider calls, OADS has discussed the IEA process and the need for the assessment to be conflict free. If there are any issues with the provider questioning whether they should be a part of the IEA, please refer them to OADS for clarification.

18. **Question:** Is this assessment tool something we will just be using during this process for HCBS compliance, or is it something that we will be using on-going and annually?

**Answer:** In addition to assuring all waiver services are delivered consistent with the 2014 Home and Community Based Services (HCBS) rule by 3/17/2022, CMS requires states to conduct ongoing monitoring efforts to ensure waiver services continue to be HCBS compliant. OADS believes individual participant's experiences are critical to the ongoing monitoring process. We have the opportunity to shape the ongoing IEA tool, so we welcome your input and feedback regarding questions that may cause confusion and/or seem to best help assess the HCBS experiences of the individuals you support.

19. **Question:** Will a CM/CC annual Release of Information (ROI) with Department of Health and Human Services (DHHS) cover the sharing of IEA's through the subcontractor's portal with OADS?

**Answer:** Yes, the annual Release of Information (ROI) between your CM/CC agency and the Department covers the sharing of an IEA if the ROI generally includes sharing assessment/health information with OADS. Verify the release is complete, signed within the last year, and does not outline restrictions that would prohibit the sharing of assessment information with OADS. For example, the ROI with DHHS should:

- specify the sharing of health information between your CM/CC agency and OADS,

- grant general permission to release all health information (or specify assessments),
- check the box indicating agreement that “information” may be in written, spoken and/or electronic format.

**20. Question:** You mentioned the state must run guardian request for DSP participation in an IEA by CMS. Is this going to be a formal request the CM makes and if so to whom? Will there be a process to follow when making this request?

**Answer:** There is no formal process to follow for DSP involvement in the IEA. Alert the guardian to the date and time of the IEA. Consultation with CMS will occur for extraordinary circumstances. If you are doing an IEA next week on a person with significant communication deficits, note who provided responses. Please note that the guardian must agree to DSP participation and note name of the DSP and the CC/CM should document any perceived influence or conflicts-of-interest with involvement of the DSP.

**21. Question:** We understand the face to face is billable, but assume that the data entry is not?

**Answer:** The IEA has been developed in an Excel format that can be directly uploaded to the portal. Time spent with the member conducting the assessment is billable. To the extent that you are capturing answers directly into the Excel document while conducting the assessment, this would be part of a covered service. As with any Section 13 service, time spent documenting outside of a covered service is not billable.

**22. Question:** What is the time frame for saving? Every five minutes? Less?

**Answer:** There is no specific time frame for saving the assessment. The document does not have to be uploaded immediately after the interview. If you are taking a break, best practice is to save and come back to complete the assessment as soon as possible.

**23. Question:** Is the upload done on the portal at the same time IEA is completed?

**Answer:** No, you can upload IEA when you have internet access. Troubleshooting can be done by emailing [HCBS.DHHS@maine.gov](mailto:HCBS.DHHS@maine.gov).

**24. Question:** Are we getting the assessments for all consumers at the start? Or are they being sent a few per month which would make it very difficult to manage.

**Answer:** All individuals needing IEAs will be loaded into the portal in February 2020. Each month, CCM Liaisons will send a list to Case Managers identifying providers/settings to prioritize the completion of IEAs for that month.

25. **Question:** Are we able to see the rest of the questions in the survey in case we have questions today?

**Answer:** The IEA surveys can be accessed on the OADS website at <https://www.maine.gov/dhhs/oads/hcbs/training-and-resources.shtml> under “Case Management Resources”.

26. **Question:** Are we taking into account limited internet access in areas that one cannot hotspot from their smartphone?

**Answer:** Limited internet was considered when constructing the approach to the IEA’s. At the time of the assessment, you will enter the answers into an Excel document and no internet access is necessary. When you return to the office you can upload the document to the online portal.

27. **Question:** How do we handle internal transfers of cases within the IEA portal?

**Answer:** We are advising agencies to minimize movement in the portal. If the change is temporary and the setting where you consumer is not prioritized, please wait. If the setting is a prioritized setting that month, notify your OADS CCM Liaison and they will make the change to the portal. If the change is permanent, please notify your CCM Liaison to make the change.

28. **Question:** Where can I obtain a copy of the power point from the IEA webinar?

**Answer:** The webinar is located on the OADS website:  
<http://www.maine.gov/dhhs/oads/hcbs/training-and-resources.shtml>